

EXHIBIT C

Consent By Assignee For Correction of Inventorship Pursuant to 37 C.F.R. § 1.48(c)(5)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Duffy et al. Confirmation No.: 1003
Serial No.: 09/379,212 Art Unit: 3763
Filed: August 23, 1999 Examiner: Mendez, Manuel A
For: METHOD AND APPARATUS FOR POWER CONNECTION IN A
MODULAR PATIENT CARE SYSTEM Attorney Docket No: 8236-0053-999

**CONSENT OF ASSIGNEE FOR CORRECTION OF INVENTORSHIP
PURSUANT TO 37 C.F.R. § 1.48(c)(5)**

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SEP 26 2003

Assistant Commissioner for Patents
Washington, D.C. 20231

TECHNOLOGY CENTER R3700

Sir:

Alaris Medical Systems, Inc., having an office for transaction of business at 10221 Wateridge Circle, San Diego, California 92121, as an assignee of right, title and interest in, to and under the invention and U.S. Patent Application No. 09/379,212 filed August 23, 1999, entitled "METHOD AND APPARATUS FOR POWER CONNECTION IN A MODULAR PATIENT CARE SYSTEM," hereby consents to amendment of the application to name the following actual inventors: Duffy, Robert J., Severe, Lon M., Richards, Edward M., Dekalb, Shawn W., Stewart, James P., and Vanderveen, Timothy.

The present application is a continuation application of Application No. 08/871,307 filed on June 9, 1997, now U.S. Patent No. 5,941,846, which was assigned to Alaris Medical Systems, Inc., by Duffy, Robert J., Severe, Lon M., Richards, Edward M., Dekalb, Shawn W., Stewart, James P. as evidenced by Notice of Recordation of Assignment Document, Recordation Date, January 28, 1998, Reel No. 8988, Frame No. 0431.

The undersigned is empowered to act on behalf of the assignee.

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further, that these statements are made with the knowledge that willful false statements, and the like so made, are punishable by fine or imprisonment, or both, under Section 1001, Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

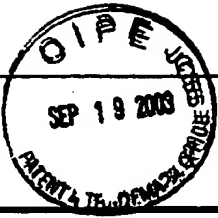
Date: 13 August 2003


Signature

Stewart
Stewart Rickerson, Esq.

Signatory on Behalf of Alaris Medical Systems, Inc.

General Counsel, Alaris Medical Systems, Inc.
Title of Signatory



Express Mail No. EV 313 841 775 US

RECORDATION FORM COVER SHEET
PATENTS ONLY

Attorney Docket Number 8236-053-999

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Director of the United States Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

Timothy Vanderveen

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:

☒ Assignment

Merger

Security Agreement

Change of Name

Other

Execution Date: August 11, 2003

2. Name and address of receiving party(ies):

Name: Alaris Medical Systems, Inc.Address: 10221 Wateridge Circle
San Diego, California 92121

Country (if other than USA):

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4. Application number(s) or patent number(s):

TECHNOLOGY CENTER R3700

If this document is being filed together with a new application, the execution date of the application is:

A. Patent Application No.(s) 09/379,212

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:

PENNIE & EDMONDS LLP
3300 Hillview Avenue
Palo Alto, California 94304

6. Number of applications and patents involved:

1

7. Total fee (37 CFR 3.41):.....\$ 40.00
Please charge to the deposit account listed in Section 8.

8. Deposit account number:

16-1150

DO NOT USE THIS SPACE

9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Thomas D. Kohler

32,797

9/19/03

Name of Person Signing

Reg. No.

Signature

Date

Total number of pages including cover sheet:

2

Mail documents to be recorded with required cover sheet information to:
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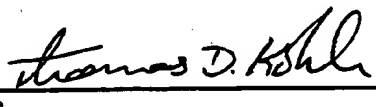
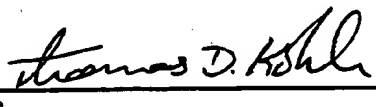
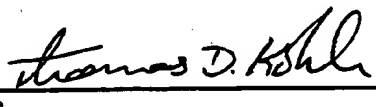
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COPY

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| | | | | | | | | | |
|--|---|--|----------|---|---------|--|----------|-----------|------|
| <p>1. Name of conveying party(ies): Timothy Vanderveen</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>2. Name and address of receiving party(ies):</p> <p>Name: <u>Alaris Medical Systems, Inc.</u></p> <p>Address: <u>10221 Wateridge Circle</u> <u>San Diego, California 92121</u></p> <p>Country (if other than USA):</p> | | | | | | | | |
| <p>3. Nature of conveyance:</p> <p><input checked="" type="checkbox"/> Assignment Merger</p> <p>Security Agreement Change of Name</p> <p>Other</p> <p>Execution Date: <u>August 11, 2003</u></p> | | | | | | | | | |
| <p>4. Application number(s) or patent number(s):</p> <p>If this document is being filed together with a new application, the execution date of the application is:</p> <p>A. Patent Application No.(s) <u>09/379,212</u> B. Patent No.(s)</p> <p align="center">Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | | | | | | | | | |
| <p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>PENNIE & EDMONDS LLP 3300 Hillview Avenue Palo Alto, California 94304</p> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">6. Number of applications and patents involved:</td> <td align="center"><u>1</u></td> </tr> <tr> <td colspan="2">7. Total fee (37 CFR 3.41):.....\$ 40.00 Please charge to the deposit account listed in Section 8.</td> </tr> <tr> <td colspan="2">8. Deposit account number: <u>16-1150</u></td> </tr> </table> | 6. Number of applications and patents involved: | <u>1</u> | 7. Total fee (37 CFR 3.41):.....\$ 40.00 Please charge to the deposit account listed in Section 8. | | 8. Deposit account number: <u>16-1150</u> | | | |
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| 8. Deposit account number: <u>16-1150</u> | | | | | | | | | |
| <p>DO NOT USE THIS SPACE</p> | | | | | | | | | |
| <p>9. Statement and signature.</p> <p><i>To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.</i></p> <table style="width:100%; margin-top: 20px;"> <tr> <td style="width:25%; border-bottom: 1px solid black;">Thomas D. Kohler</td> <td style="width:10%; border-bottom: 1px solid black;">32,797</td> <td style="width:35%; border-bottom: 1px solid black; text-align: center;"></td> <td style="width:30%; border-bottom: 1px solid black; text-align: center;">9/19/03</td> </tr> <tr> <td>Name of Person Signing</td> <td>Reg. No.</td> <td>Signature</td> <td>Date</td> </tr> </table> | | Thomas D. Kohler | 32,797 |  | 9/19/03 | Name of Person Signing | Reg. No. | Signature | Date |
| Thomas D. Kohler | 32,797 |  | 9/19/03 | | | | | | |
| Name of Person Signing | Reg. No. | Signature | Date | | | | | | |
| <p>Total number of pages including cover sheet:</p> | | | | | | | | | |
| <p>2</p> | | | | | | | | | |

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ASSIGNMENT

WHEREAS, I, TIMOTHY VANDERVEEN, ASSIGNOR, citizen of the United States, residing at 13571 Summit Circle, Poway, California 92064, am an inventor of the invention in "METHOD AND APPARATUS FOR POWER CONNECTION IN A MODULAR PATIENT CARE SYSTEM"

☒ which is identified by Pennie & Edmonds LLP docket n . 8236-053-999

☒ which was filed on August 23, 1999, Application No. 09/379,212

and WHEREAS, Alaris Medical Systems, Inc., 10221 Wateridge Circle, San Diego, California, 92121, ASSIGNEE is desirous of obtaining my entire right, title and interest in, to and under the said invention and the said application:

NOW, THEREFORE, in consideration of the sum of One Dollar (\$1.00) to me in hand paid, and other good and valuable consideration, the receipt of which is hereby acknowledged, I, the said ASSIGNOR, have sold, assigned, transferred and set over, and by these presents do hereby sell, assign, transfer and set over, unto the said ASSIGNEE, its successors, legal representatives and assigns, my entire right, title and interest in, to and under the said invention, and the said United States application and all divisions, renewals and continuations thereof, and all Patents of the United States which may be granted thereon and all reissues and extensions thereof; and all applications for industrial property protection, including, without limitation, all applications for patents, utility models, and designs which may hereafter be filed for said invention in any country or countries foreign to the United States, together with the right to file such applications and the right to claim for the same the priority rights derived from said United States application under the Patent Laws of the United States, the International Convention for the Protection of Industrial Property, or any other international agreement or the domestic laws of the country in which any such application is filed, as may be applicable; and all forms of industrial property protection, including, without limitation, patents, utility models, inventors' certificates and designs which may be granted for said invention in any country or countries foreign to the United States and all extensions, renewals and reissues thereof;

AND I HEREBY authorize and request the Commissioner of Patents and Trademarks of the United States, and any Official of any country or countries foreign to the United States, whose duty it is to issue patents or other evidence or forms of industrial property protection on applications as aforesaid, to issue the same to the said ASSIGNEE, its successors, legal representatives and assigns, in accordance with the terms of this instrument.

AND I HEREBY covenant and agree that I have full right to convey the entire interest herein assigned, and that I have not executed, and will not execute, any agreement in conflict herewith.

AND I HEREBY further covenant and agree that I will communicate to the said ASSIGNEE, its successors, legal representatives and assigns, any facts known to me respecting said invention, and testify in any legal proceeding, sign all lawful papers, execute all divisional, continuing, reissue and foreign applications, make all rightful oaths, and generally do everything possible to aid the said ASSIGNEE, its successors, legal representatives and assigns, to obtain and enforce proper protection for said invention in all countries.

IN TESTIMONY WHEREOF, I hereunto set my hand and seal this 11th day of August, 2003.


Timothy Vanderveen

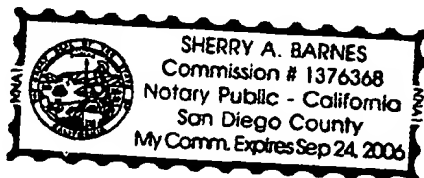
L.S.

State of California)
County of San Diego) SS.:

On August 11, 2003, before me, Sherry A. Barnes, Notary Public, personally appeared Timothy Vanderveen, personally known to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

Sherry A. Barnes





SUPPLEMENTAL DECLARATION FOR NON-PROVISIONAL PATENT APPLICATION*

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHOD AND APPARATUS FOR POWER CONNECTION IN A MODULAR PATIENT CARE SYSTEM

and for which a patent application:

- ☐ is attached hereto and includes amendment(s) filed on (if applicable)
- ☒ was filed in the United States on August 23, 1999 as Application No. 09/379,212 (for declaration not accompanying application) with amendment(s) filed on 9/11/00 and 6/5/01 (if applicable)
- ☐ was filed as PCT international Application No. on and was amended under PCT Article 19 on (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment referred to above

I acknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

| EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION | | | | |
|--|---------|--------------------------------------|------------------------------|-----------------------------|
| APPLICATION NUMBER | COUNTRY | DATE OF FILING (day, month, year) | PRIORITY CLAIMED | |
| | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

| PROVISIONAL APPLICATION NUMBER | FILING DATE |
|--------------------------------|-------------|
| | |
| | |

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information known to me which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

| NON-PROVISIONAL APPLICATION SERIAL NO. | FILING DATE | STATUS | | |
|---|--------------|-------------------------------------|---------|-----------|
| | | PATENTED | PENDING | ABANDONED |
| 08/871,307 | June 9, 1997 | <input checked="" type="checkbox"/> | | |
| | | | | |

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* for use only when the application is assigned to a company, partnership or other organization.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made in information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | | | | |
|---|-------------------------|----------------------------------|--|--------------------------------|
| 2 0 1 | FULL NAME OF INVENTOR | LAST NAME Duffy | FIRST NAME Robert | MIDDLE NAME J. |
| | RESIDENCE & CITIZENSHIP | CITY Poway | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP USA |
| | POST OFFICE ADDRESS | STREET 16405 Summer Sage Road | CITY Poway | STATE OR COUNTRY California |
| | | | ZIP CODE 92064-1141 | |
| SIGNATURE OF INVENTOR 201 | | | DATE | |
| 2 0 2 | FULL NAME OF INVENTOR | LAST NAME Severe | FIRST NAME Lon | MIDDLE NAME M. |
| | RESIDENCE & CITIZENSHIP | CITY San Diego | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP USA |
| | POST OFFICE ADDRESS | STREET 5655 Guincho Ct. | CITY San Diego | STATE OR COUNTRY California |
| | | | ZIP CODE 92124 | |
| SIGNATURE OF INVENTOR 201 <i>Lon M. Severe</i> | | | DATE 8-9-03 | |
| 2 0 3 | FULL NAME OF INVENTOR | LAST NAME Richards | FIRST NAME Edward | MIDDLE NAME M. |
| | RESIDENCE & CITIZENSHIP | CITY Pleasanton | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP USA |
| | POST OFFICE ADDRESS | STREET 6693 Hansen Drive | CITY Pleasanton | STATE OR COUNTRY California |
| | | | ZIP CODE 94566 | |
| SIGNATURE OF INVENTOR 203 | | | DATE | |
| 2 0 4 | FULL NAME OF INVENTOR | LAST NAME Dekalb | FIRST NAME Shawn | MIDDLE NAME W. |
| | RESIDENCE & CITIZENSHIP | CITY San Diego | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP USA |
| | POST OFFICE ADDRESS | STREET 12674 Buckwheat Ct. | CITY San Diego | STATE OR COUNTRY California |
| | | | ZIP CODE 92129 | |
| SIGNATURE OF INVENTOR 204 | | | DATE | |
| 2 0 5 | FULL NAME OF INVENTOR | LAST NAME Stewart | FIRST NAME James | MIDDLE NAME P. |
| | RESIDENCE & CITIZENSHIP | CITY El Cajon | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP USA |
| | POST OFFICE ADDRESS | STREET 1391 Helix View Drive | CITY El Cajon | STATE OR COUNTRY California |
| | | | ZIP CODE 92020 | |
| SIGNATURE OF INVENTOR 205 | | | DATE | |

| | | | | | |
|-------------|----------------------------|-------------------------------|--|--------------------------------|-------------------|
| 2 0 6 | FULL NAME OF INVENTOR | LAST NAME Vanderveen | FIRST NAME Timothy | MIDDLE NAME | |
| | RESIDENCE & CITIZENSHIP | CITY Poway | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP USA | |
| | POST OFFICE ADDRESS | STREET 13571 Summit Circle | CITY Poway | STATE OR COUNTRY California | ZIP CODE 92064 |
| | SIGNATURE OF INVENTOR 205 | | | DATE | |



SUPPLEMENTAL DECLARATION FOR NON-PROVISIONAL PATENT APPLICATION*

As a below named inventor, I hereby declare that:

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METHOD AND APPARATUS FOR POWER CONNECTION IN A MODULAR PATIENT CARE SYSTEM

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| APPLICATION NUMBER | COUNTRY | DATE OF FILING (day, month, year) | PRIORITY CLAIMED | |
| | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

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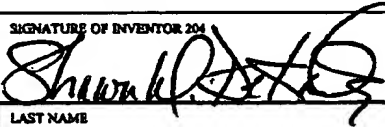
| NON-PROVISIONAL APPLICATION SERIAL NO. | FILING DATE | STATUS | | |
|---|--------------|-------------------------------------|----------|-----------|
| | | PATENTED | PENDING | ABANDONED |
| 08/871,307 | June 9, 1997 | <input checked="" type="checkbox"/> | | |
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* for use only when the application is assigned to a company, partnership or other organization.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | | | | |
|-----|-------------------------|--|--|--------------------------------|
| 201 | FULL NAME OF INVENTOR | LAST NAME Duffy | FIRST NAME Robert | MIDDLE NAME J. |
| | RESIDENCE & CITIZENSHIP | CITY Poway | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP USA |
| | POST OFFICE ADDRESS | STREET 16405 Summer Sage Road | CITY Poway | STATE OR COUNTRY California |
| | | | ZIP CODE 92064-1141 | |
| | | SIGNATURE OF INVENTOR 201 | | DATE |
| 202 | FULL NAME OF INVENTOR | LAST NAME Severe | FIRST NAME Lon | MIDDLE NAME M. |
| | RESIDENCE & CITIZENSHIP | CITY San Diego | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP USA |
| | POST OFFICE ADDRESS | STREET 5655 Guincho Ct. | CITY San Diego | STATE OR COUNTRY California |
| | | | ZIP CODE 92124 | |
| | | SIGNATURE OF INVENTOR 202 | | DATE |
| 203 | FULL NAME OF INVENTOR | LAST NAME Richards | FIRST NAME Edward | MIDDLE NAME M. |
| | RESIDENCE & CITIZENSHIP | CITY Pleasanton | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP USA |
| | POST OFFICE ADDRESS | STREET 6693 Hansen Drive | CITY Pleasanton | STATE OR COUNTRY California |
| | | | ZIP CODE 94566 | |
| | | SIGNATURE OF INVENTOR 203 | | DATE |
| 204 | FULL NAME OF INVENTOR | LAST NAME Dekalb | FIRST NAME Shawn | MIDDLE NAME W. |
| | RESIDENCE & CITIZENSHIP | CITY San Diego | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP USA |
| | POST OFFICE ADDRESS | STREET 9992 Fox Valley Way | CITY San Diego | STATE OR COUNTRY California |
| | | | ZIP CODE 92127 | |
| | | SIGNATURE OF INVENTOR 204  | | DATE 9/8/03 |
| 205 | FULL NAME OF INVENTOR | LAST NAME Stewart | FIRST NAME James | MIDDLE NAME P. |
| | RESIDENCE & CITIZENSHIP | CITY El Cajon | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP USA |
| | POST OFFICE ADDRESS | STREET 1391 Helix View Drive | CITY El Cajon | STATE OR COUNTRY California |
| | | | ZIP CODE 92020 | |
| | | SIGNATURE OF INVENTOR 205 | | DATE |

| | | | | | |
|-------------|----------------------------|-------------------------------|--|--------------------------------|-------------------|
| 2 0 6 | FULL NAME OF INVENTOR | LAST NAME Vanderveen | FIRST NAME Timothy | MIDDLE NAME | |
| | RESIDENCE & CITIZENSHIP | CITY Poway | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP USA | |
| | POST OFFICE ADDRESS | STREET 13571 Summit Circle | CITY Poway | STATE OR COUNTRY California | ZIP CODE 92064 |
| | | SIGNATURE OF INVENTOR 205 | | DATE | |



SUPPLEMENTAL DECLARATION FOR NON-PROVISIONAL PATENT APPLICATION*

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHOD AND APPARATUS FOR POWER CONNECTION IN A MODULAR PATIENT CARE SYSTEM

and for which a patent application:

- ☐ is attached hereto and includes amendment(s) filed on (if applicable)
- ☒ was filed in the United States on August 23, 1999 as Application No. 09/379,212 (for declaration not accompanying application) with amendment(s) filed on 9/11/00 and 6/5/01 (if applicable)
- ☐ was filed as PCT international Application No. on and was amended under PCT Article 19 on (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment referred to above

I acknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

| EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION | | | | |
|--|---------|--------------------------------------|------------------------------|-----------------------------|
| APPLICATION NUMBER | COUNTRY | DATE OF FILING (day, month, year) | PRIORITY CLAIMED | |
| | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

| PROVISIONAL APPLICATION NUMBER | FILING DATE |
|--------------------------------|-------------|
| | |
| | |

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information known to me which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

| NON-PROVISIONAL APPLICATION SERIAL NO. | FILING DATE | STATUS | | |
|---|--------------|-------------------------------------|---------|-----------|
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| 08/871,307 | June 9, 1997 | <input checked="" type="checkbox"/> | | |
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| | | | | |
|-----------------|---------------------------|----------------------------------|--|--------------------------------|
| 2 0 1 | FULL NAME OF INVENTOR | LAST NAME Duffy | FIRST NAME Robert | MIDDLE NAME J. |
| | RESIDENCE & CITIZENSHIP | CITY Poway | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP USA |
| | POST OFFICE ADDRESS | STREET 16405 Summer Sage Road | CITY Poway | STATE OR COUNTRY California |
| | SIGNATURE OF INVENTOR 201 | | ZIP CODE 92064-1141 | |
| DATE | | | | |
| 2 0 2 | FULL NAME OF INVENTOR | LAST NAME Severe | FIRST NAME Lon | MIDDLE NAME M. |
| | RESIDENCE & CITIZENSHIP | CITY San Diego | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP USA |
| | POST OFFICE ADDRESS | STREET 5655 Guincho Ct. | CITY San Diego | STATE OR COUNTRY California |
| | SIGNATURE OF INVENTOR 202 | | ZIP CODE 92124 | |
| DATE | | | | |
| 2 0 3 | FULL NAME OF INVENTOR | LAST NAME Richards | FIRST NAME Edward | MIDDLE NAME M. |
| | RESIDENCE & CITIZENSHIP | CITY Pleasanton | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP USA |
| | POST OFFICE ADDRESS | STREET 6693 Hansen Drive | CITY Pleasanton | STATE OR COUNTRY California |
| | SIGNATURE OF INVENTOR 203 | | ZIP CODE 94566 | |
| DATE | | | | |
| 2 0 4 | FULL NAME OF INVENTOR | LAST NAME Dekalb | FIRST NAME Shawn | MIDDLE NAME W. |
| | RESIDENCE & CITIZENSHIP | CITY San Diego | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP USA |
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| | SIGNATURE OF INVENTOR 204 | | ZIP CODE 92127 | |
| DATE | | | | |
| 2 0 5 | FULL NAME OF INVENTOR | LAST NAME Stewart | FIRST NAME James | MIDDLE NAME P. |
| | RESIDENCE & CITIZENSHIP | CITY San Diego | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP USA |
| | POST OFFICE ADDRESS | STREET 3736 Grim Avenue | CITY San Diego | STATE OR COUNTRY California |
| | SIGNATURE OF INVENTOR 205 | | ZIP CODE 92104 | |
| DATE 9/16/03 | | | | |

| | | | | | |
|-------------|----------------------------|------------------------------|--|--------------------------------|-------------------|
| 2 0 6 | FULL NAME OF INVENTOR | LAST NAME Vanderveen | FIRST NAME Timothy | MIDDLE NAME | |
| | RESIDENCE & CITIZENSHIP | CITY P way | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP USA | |
| | POST OFFICE ADDRESS | STREET 13571 Summit Circl | CITY Poway | STATE OR COUNTRY California | ZIP CODE 92064 |
| | SIGNATURE OF INVENTOR 205 | | | DATE | |



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| | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

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| 08/871,307 | June 9, 1997 | <input checked="" type="checkbox"/> | | |
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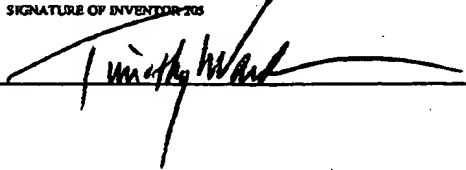
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| | POST OFFICE ADDRESS | STREET 16405 Summer Sage Road | CITY Poway | STATE OR COUNTRY California | ZIP CODE 92064-1141 |
| | SIGNATURE OF INVENTOR 201 | | | DATE | |
| 2 0 2 | FULL NAME OF INVENTOR | LAST NAME Severe | FIRST NAME Lon | MIDDLE NAME M. | |
| | RESIDENCE & CITIZENSHIP | CITY San Diego | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP USA | |
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| | RESIDENCE & CITIZENSHIP | CITY Pleasanton | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP USA | |
| | POST OFFICE ADDRESS | STREET 6693 Hansen Drive | CITY Pleasanton | STATE OR COUNTRY California | ZIP CODE 94566 |
| | SIGNATURE OF INVENTOR 203 | | | DATE | |
| 2 0 4 | FULL NAME OF INVENTOR | LAST NAME Dekalb | FIRST NAME Shawn | MIDDLE NAME W. | |
| | RESIDENCE & CITIZENSHIP | CITY San Diego | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP USA | |
| | POST OFFICE ADDRESS | STREET 12674 Buckwheat Ct. | CITY San Diego | STATE OR COUNTRY California | ZIP CODE 92129 |
| | SIGNATURE OF INVENTOR 204 | | | DATE | |
| 2 0 5 | FULL NAME OF INVENTOR | LAST NAME Stewart | FIRST NAME James | MIDDLE NAME P. | |
| | RESIDENCE & CITIZENSHIP | CITY El Cajon | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP USA | |
| | POST OFFICE ADDRESS | STREET 1391 Helix View Drive | CITY El Cajon | STATE OR COUNTRY California | ZIP CODE 92020 |
| | SIGNATURE OF INVENTOR 205 | | | DATE | |

| | | | | | |
|-------------|--|-------------------------------|--|--------------------------------|-------------------|
| 2 0 6 | FULL NAME OF INVENTOR | LAST NAME Vanderveen | FIRST NAME Timothy | MIDDLE NAME | |
| | RESIDENCE & CITIZENSHIP | CITY Poway | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP USA | |
| | POST OFFICE ADDRESS | STREET 13571 Summit Circle | CITY Poway | STATE OR COUNTRY California | ZIP CODE 92064 |
| | SIGNATURE OF INVENTOR-205  | | | DATE August 11, 2013 | |